

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33012

State File No.

9051

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. _____

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Stone Nursing Home - 4373 W. Pine
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 006
17
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
9 19
 (d) Street No. 4373 West Pine Blvd.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Albert E. Dann
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 22 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 0 20 hr. min.

9. Birthplace Dover England
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Treasurer

11. Industry or business Simmons Hdw. Co.

12. Name George Dann England
 13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Wennale
 15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Wm J. Dann
 (b) Address 7916 Bonhomme Ave, Clayton

17. (a) Burial (b) Date thereof Oct 14 43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellefontaine
 18. (a) Signature of funeral director Wagoner Und. Co.
 (b) Address 3621 Olive St.
 19. (a) OCT 14 1943 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th
 year 1943 hour one minute 40 P.M.
 21. I hereby certify that I attended the deceased from March
 _____, 1940 to Oct. 12 1943
 that I last saw him alive on Oct. 12 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 36 hrs

Due to Hypertensive cardio-vascular disease

Due to _____

Other conditions (include pregnancy within 3 months of death) 93
 Major findings: Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature John L. Horne (M. D. or other) M.D.
 Address 114 N. Taylor St. Louis Date signed 10-13-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Neville D. Hodwille*
.....
Licensed Embalmer No. **3696**

P. O. Address **3621 Olive St.**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.